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ABSTRACT

In today's wars, children are on the front lines. This handbook, the result of a meeting of psychologists and humanitarian workers, presents a strategy to meet the needs of children in war and refugee crises that intends to be cost-effective, empowering, and child-focused. The strategy emerged from field work based on the belief that each community, however grief-stricken, contains the resources to heal itself. Instead of viewing community members as sick, poor, and helpless, these field workers acknowledged and built upon the strengths and ingenuity of local populations, some of whom who have survived decades of oppression. The manual's chapters present the steps of this community-mobilization strategy. They are: (1) Children and War; (2) Community Mobilization: A New Strategy; (3) Assessment: Creating the Shared Vision; (4) Project Design: The Power of Human Bonds; (5) Implementation: Cultural Barriers and Assets; and (6) Monitoring and Evaluation: Tools for Embracing Change. (EV)

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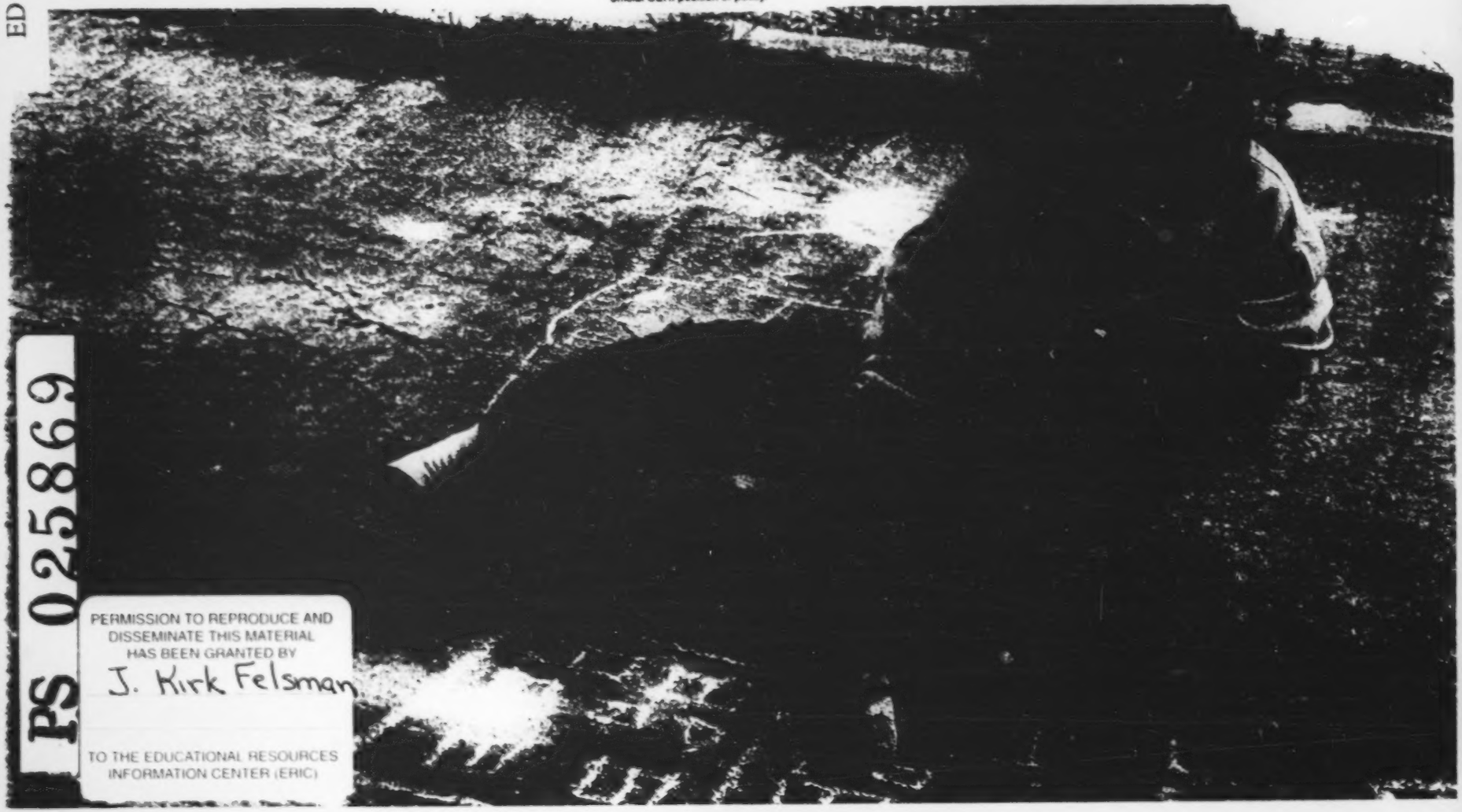

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COMMUNITY STRATEGIES FOR HEALING

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Save the Children USA
University of Zimbabwe
Duke University

Sorrow may be fated,

but to survive it

and grow

is an achievement all its own.

Robert Coles
American Child Psychiatrist

A Bosnian girl, displaced by the war and living in a refugee camp, draws a home.

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1. Children and War

IN TODAY'S WARS, children are on the front lines: boys as young as six recruited as soldiers, girls raped by lawless squads, youngsters forced to watch the torture of their parents. In war-torn areas of Mozambique, "" percent of children have witnessed civilian murders. Even for those children untouched by the violence itself, war impoverishes and breaks up families.

The U.N. Convention on the Rights of the Child, adopted in 1989, stated the world's intention to protect children from the abuses of war. Still, agencies are struggling to find ways to meet the needs of children in war and refugee crises.

In this handbook, a group of psychologists and humanitarian workers have developed a strategy that promises to be cost-effective, empowering, and child-focused. It emerged from field work based on the belief that each community, however grief-stricken, contains the resources to heal itself. Instead of viewing community members as sick, poor, and helpless, these innovative field workers acknowledged and built upon the strengths and ingenuity of local populations, some of whom have survived decades of oppression.

"Whatever might be said about the local people, it is clear that they are not sick or pathological in any way; they are reacting in normal ways to abnormal situations," said Dr. Neil Boothby, professor of public policy at Duke University and a child psychologist who has worked with war-affected communities on several continents. "Experience has shown that given the opportunity these communities are resilient and inventive in supporting their children."

For the world's children, the hazard of modern warfare is greater than ever. Military personnel no longer constitute most of the casualties. In today's wars that involve ethnic and religious conflict, national liberation, counterinsurgency, and guerrilla warfare, most of the victims are women and children. Modern weaponry — automatic guns, mines, bombs — makes carnage difficult to contain. War destroys infrastructures and landscapes; for the child, this means homelessness and no way for his family to earn or grow a meal.

The result? International workers see an unprecedented tide of refugees, half of whom are children. There are 8 million children seeking refuge in foreign countries and another 13 million displaced within the borders of their countries. Many of these children suffer famine-like malnutrition, live for years in tents, never again attend school. Many lose their childhood in one military sweep.

Experience has shown humanitarian workers that for these children food, shelter and medical care are priorities. Without enough food or ways to earn a living, families may sacrifice a child to prostitution, sweatshops, lone voyages to another country, or begging on the streets.

They also have learned that these children need more than material help. Their wounds, which may result from an event as devastating as the murder of a parent, are emotional; healing must be emotional as well. Otherwise these children risk losing what all children have a right to: the time and opportunity to develop.

Helping children cope with the psychological and social consequences of war is a new frontier. In Guatemala, field workers are training teenagers to motivate out-of-school children. In Sierra Leone, project workers are helping former child soldiers readjust to home life. In former Yugoslavia, grassroots networks are reuniting children and parents after the fighting forced families to separate.

To further progress in the field, managers of these and five other successful programs agreed to pool their experiences, study their successes and failures, and document strategies that worked to mobilize communities on behalf of war-affected children. With funding from the U.S. Bureau for Population, Refugees and Migration and the participation of experts in child psychology, psychiatry, community development and nonprofit program management, this group met in August 1994 at the Terry Sanford Institute of Public Policy at Duke University in Durham, North Carolina.

What follows are the results of their thoughts and discussions. This manual is offered to field workers and others helping war-affected children, with the conviction that we can tap the human capacity to heal.

The Rights of Children

The Convention on the Rights of the Child states that all people under 18 have the right to develop to their full potential, free from hunger and want, neglect, exploitation, and the abuses of war.

A community health worker, age 16, and his son. Both live in a refugee camp along the Afghan-Pakistani border. Photo courtesy of Radda Barnen.

So far, 180 countries have ratified the convention. This worldwide ratification occurred in a period of unprecedented brevity and has prompted new actions by governments and nongovernmental groups on behalf of children.

Summary of major provisions:

- All children have the right to live with their parents, unless doing so isn't in the child's best interest.
- No child shall be subject to torture or cruel treatment.
- Children have the right to be protected from war, and no child under the age of 15 shall fight in a war.
- A country's government must be involved in helping children stay healthy and develop fully, and it must protect them from all forms of mistreatment by parents and others responsible for their care.
- If parents are having trouble raising their children, the government must provide assistance.
- All children have the right to the highest standard of health and medical care attainable.
- Children have a right to an education that aims to fully develop their personality, talents, and abilities.
- Children have the right to leisure and play.
- Children have the right to be protected from work that threatens their health, education, or development.
- Children have the right to be protected from the use of drugs.
- Children have the right to be protected from sexual exploitation and abuse, including prostitution and involvement in pornography.

2. Community Mobilization: A New Strategy

Hundreds of children wobbled into Mozambique's government-run deslocado centers, physically numbed, often speechless. Some as young as six, they were fleeing the guerilla forces that had abducted them and trained them to kill.

Child soldiers are one part of the human wave of refugees and displaced people that can accompany armed conflict. Watching them stagger into camps, it is easy to understand why refugee assistance has been dominated by the delivery of services — meals, tents, clothes, and medicine. The children's physical needs are urgent. Refugees don't generally bring much with them.

Or do they? Experienced humanitarian workers are asking that question and making a new observation: Peoples' strengths, which are often invisible, have been ignored in favor of handing out material assistance. Yet unaccompanied children may come from strong families that, if located, can support their children's rehabilitation. A culture's spiritual healers can comfort boys who have committed acts of cruelty. Local schools can support a child's return to childhood.

"Children are not passive victims, but active survivors. The approach of delivering emergency relief doesn't recognize this," said Dr. Remedios Ortaliz, executive director of the Bulig Foundation, Inc., a nongovernmental organization that delivers primary health care in the Philippines. "It has created dependencies and done little to promote the healing and rebuilding that a war-affected community needs."

It is vital to build upon refugees' resources because people do bring their ability to cope and to support one another. Plans that don't recognize these patterns are rarely successful and can undermine a community's efforts to take care of its own children. Also, as resources are scarce, it doesn't make sense to ignore the considerable resources already in place.

While the delivery-of-services model fails to tap refugee strengths, it also does little to meet the needs of populations facing the abuses of war. Those needs are not just physical, but psychological and social because war disrupts communities, families, and one's understanding of the world.

Deprivation and malnutrition can stunt a child's physical and mental growth; exposure to violence may lead a child to a more violent life. If left unresolved, emotional conflicts may prevent a child from ever becoming a productive family or community member.

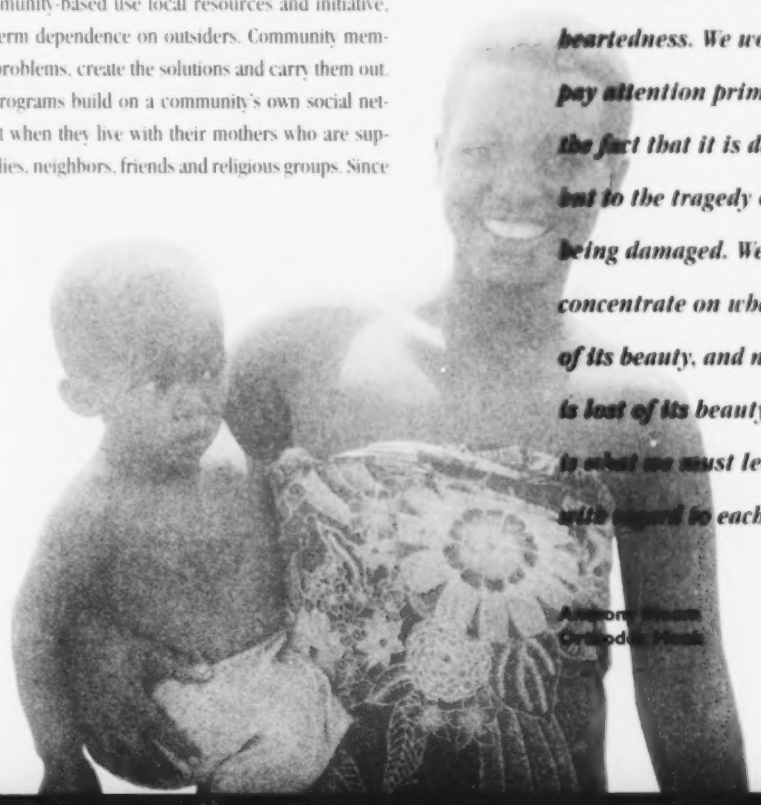
The clinical approach of Western psychology is to treat the child's condition — termed post-traumatic stress disorder — with individual therapy and reassurance. This may not be appropriate for children who live without safety and basic necessities. It is also unrealistic because of its expense and inaccessibility for large numbers of people. Instead of individual therapy, these children need a more positive social reality.

Community mobilization offers a way to bring about that reality. Programs that are community-based use local resources and initiative, which minimizes long-term dependence on outsiders. Community members identify their own problems, create the solutions and carry them out.

Community-based programs build on a community's own social networks. Children do best when they live with their mothers who are supported by extended families, neighbors, friends and religious groups. Since

Every one of us is like a damaged icon. But if we were given an icon damaged by time, damaged by circumstances or desecrated by human hatred, we would treat it with reverence, with tenderness, with broken heartedness. We would not pay attention primarily to the fact that it is damaged, but to the tragedy of its being damaged. We would concentrate on what is left of its beauty, and not on what is lost of its beauty. And this is what we must learn to do with regard to each person....

Anthony Bloom
Orthodox Monk



A 13-year-old Mozambican boy draws his village under attack by RENAMO soldiers. Courtesy of Neil Boothby, Duke University.

war tends to disrupt these protective relationships, the work of community mobilization is to restore them. In the specific programs that this manual explores, we have used community mobilization to recreate a nurturing environment for children.

While the care and protection of children may be the goals, program workers often have to begin in less than ideal situations. In Mozambique, for example, Save the Children USA (SCF) launched its project to help war-affected children under an inherited policy from the government. That policy favored the institutionalization of former child soldiers. It also concentrated efforts narrowly on them despite the fact that all of Mozambique's children had been affected by the 16-year civil war.

SCF directed its initial work at showing that the former child soldiers could be rehabilitated and returned to their families. Here is how one former child soldier was helped.

A Child Soldier

Every morning I wake up and remember the dreams from the night before. I always see my mother's face and it is looking at me. When I think about these dreams I get sad. Then I get angry. Then I start to fight with the other boys.

Tomas was six when his ordeal began. He was at the river. Hands grabbed him, then shoved him up the path toward his village. First, he was forced to set his family's hut afire. Then, he watched as soldiers cut off his parents' heads and impaled the heads on stakes. Around the staring head of Tomas' mother, the soldiers wrapped a Mozambican flag. "This," he was told, "is what the Government buys you."

Tomas was taken to a base camp of RENAMO, the anti-government forces. His survival depended on captors who were capricious and unpredictable; their strategy was to socialize the captured children into violence. For the next two years, there was virtually no cruelty or violence that Tomas did not experience or witness firsthand.

The bandits killed my mother. And my brothers too. They took me to their base camp. Yes, I was with the bandits. I had a gun. The chief taught me to use it. He beat me up. I had a gun to kill. I killed people and soldiers. I didn't like it.

Once in the base camps, boys were subjected to physical abuse and humiliation intended to destroy their young personalities. They were made to fight one another; they were beaten. A 12-year-old from Tete described how RENAMO programmed him not to show fear or emotion:

A 14-year-old Mozambican boy draws his father's decapitation by soldiers.

They told us that we must not be afraid of violence or death and tested us to see if we would follow this command ... Three different times people who had tried to escape the base were caught and brought back. The bandits brought all the children, including me, to witness their punishment. The bandits told us that we must not cry out or we would be beaten. Then a bandit struck the man on the top of the head with his axe.

The next step was to train boys to become abusers themselves. The children were taught how to march, attack, retreat and shoot weapons. Many were required to kill captives as a rite of passage into RENAMO's ranks. Rituals followed a child's first murder. Domingo, a 15-year-old from Gaza, described his own experience:

After the killing, body parts were cut up and cooked with other meat. The bandits got a healer who told me to eat the stew. Then he called for demons and asked them to make me safe from (government) bullets. The demons agreed.

Recovery and Healing

In 1988, while Tomas was learning to kill or be killed, SCF began recruiting social activists from agencies such as the Ministry of Health and Education and the Organization of Mozambican Women. Thirty agents were chosen who showed an aptitude for working with children even though they may have lacked specific education. SCF staff worked with them to develop simple ways to help the children recover.

The training of the Lhanguene caregivers incorporated traditional Mozambican practices as well as Western psychological techniques. Oral storytelling, dance, theater or socio-drama, and art were adapted for therapeutic purposes. They were used to encourage children to express and come to terms with the terrible events they had experienced. Folk healers, who had been shunned from the government's health care efforts, also played an essential role in the healing process of many children. Through bereavement ceremonies, exorcisms of harmful spirits and other therapeutic practices, children were able to process morally and psychologically the horrific events.

The most important factor in Tomas' recovery was a slowly formed relationship with a Mozambican woman who volunteered to work with him. At first he screamed at her, then he was willing to sit in her lap and let her comb his hair. A relationship of trust grew, in which the woman continued to care for Tomas and gave him the chance to experience once again a supportive relationship with an adult. Staff encouraged her in group meetings.

Though recovering emotionally, the former child soldiers at the center were still hampered by isolation from their larger communities. To allow the children to resume normal lives, relatives of the child soldiers were located and the children were reunited with their families. SCF worked with the government to close down the Lhanguene center so that further efforts to rehabilitate former child soldiers would be done in their communities rather than in an institution.

"True healing happens in one's own family and community," said Dr. Neil Boothby, an advisor for SCF's project in Mozambique. "Even a short stay in a center emphasizes the child's sense that he is a social outcast."

The original Lhanguene agents went on to help expand a nationwide family tracing and reunification effort that not only worked with former child soldiers, but with the tens of thousands of children who had been separated from their families by the war. Grassroots networks of community leaders were formed to find separated children and reunite them with their families. These networks have succeeded in the past several years in returning an estimated 15,000 children to their families. In part because the program drew on local resources and human capacities, the work continues.

After reunification was achieved, these groups devoted their efforts to long-term development. In communities that absorbed large numbers of unaccompanied children, SCF supported projects to provide clean water,

A refugee girl from Mozambique tends a garden in a Malawi camp. Photo courtesy of Save the Children USA.

Community mobilization begins with a shared vision that is grounded in the economic, political and cultural realities children face everyday.

preschools, and local credit unions. Today more than 15,000 community volunteers, supported by more than 100 national and international organizations, provide community-based child care, primary mental health and vocational training programs. Since the 1992 peace accords, these networks are working to integrate widows, orphans, and former child soldiers into new development initiatives.

Basic Elements of Community Mobilization

There is no one way to develop a community mobilization program because it must be determined by the local situation and culture. Conflicts take many different shapes, and cultures offer many different possibilities for healing. Still, some general guidelines can help field workers know what to work toward and what to avoid.

While paying attention to local circumstances, it is important to address the following five psychological and social needs of children recovering from war trauma:

1. Because a stable emotional relationship with an adult is one of the most important factors contributing to a child's resilience, programs should provide opportunities for a relationship with a primary caregiver, whether that relationship is with a family member, a social worker, a teacher, or someone else.
2. The child should have opportunities to develop relationships with peers.
3. Programs should provide for the intellectual and emotional stimulation that children require to develop.
4. Children need opportunities to absorb and express their own culture, which make it possible for them to recreate the meaning that war may have destroyed.
5. Because war demoralizes its victims, programs should provide opportunities for children and community members to develop self-sufficiency and a sense of dignity. Economic opportunities and the development of life skills are critical.

A key aim of the Lhanguene initiative, for instance, was establishing protective relationships with adults. This was achieved by training caregivers at the center — including cooks and housekeepers — to respond to the special emotional needs of the former child soldiers. Eventually, children were reunited with their families, which re-established the children's primary relationships.

Local culture also influenced recovery activities. Storytelling and reenactment gave the children opportunities to express themselves in culturally appropriate ways. By participating together in recreational and school activities, the children formed bonds with their peers and benefited from daily routines.

How To Begin

While recovery activities may differ, community mobilization generally begins with a shared vision. Grassroots participation in this initial task is critical. The community itself must come to a collective understanding of the current situation and of the future they want to work toward.

Once a shared vision is created, the community can take action. This second task of community mobilization is marked by the emergence of hidden resources within the community. Traditional leaders, spiritual healers, mid-wives, village court systems, educators and other resources within the society may come forward to create and carry out solutions. In Mozambique, for example, healers came forward to help exorcise harmful spirits from the former combatants; local groups organized to locate the families of separated children.

"Every community has its leaders. When they emerge, willing to identify themselves, then you know that you are on track," said Teresa de la Cruz, a community organizer associated with the University of the Philippines. "If no leaders come forward, that is a sign that the community is not really participating."

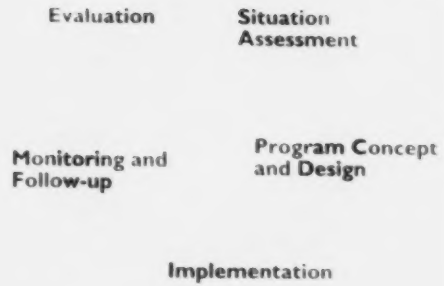
The Continuum of Community Mobilization

	center-oriented	community-oriented	community-based	community-managed
Orientation	to the people	for the people	with the people	by the people
Character	authoritarian	paternalistic	democratic	empowering
Goals	rigid and statistical	pre-determined, preconceived	evocative, consultative	based on needs, participatory
Outlook	community as recipients	beneficiaries	partners	managers
Views	community is kept ignorant	made aware	organized	empowered
Values	mistrust of people's capabilities	imposition of outside capabilities	development of people's abilities	trust in people's capacities
Result/impact	doles out charity	alters certain aspects of system	initiates social reforms	restructures completely
Key players	doctors	professionals	community workers and leaders	everyone in community
Methodology	community is only informed of activities	consulted	coordinated to take action with technical support	self-managed

Adapted from *Primary Health Care: Health in the Hands of the People* by Dr. Jamie Z. Galvez-Tan.

NOTE: The ideal situation is the community-managed model, which every program would want to achieve. In the process, program workers may find that they cross the continuum outlined above. In other cases, workers may find that they advance in some elements and not in others. Either way, it is important to be aware of the direction one wants to pursue.

Mozambican boys develop carpentry skills at a camp in Malawi. Photo courtesy of Save the Children USA.



Program Cycle

Well-managed programs generally follow a cycle that begins with assessment and follows with community-based design, implementation, monitoring and evaluation.

How To Proceed

To be meaningful, action must be grounded in the economic, cultural and political realities that the children face every day. Instead of building a clinic where a child can go for "treatment," efforts might be better directed at ensuring that the community can provide for its children's well-being. Without safe drinking water, adequate nutrition or safe neighborhoods, a child's recovery is less certain.

In a review of communities that have mobilized, some activities stand out as particularly effective in helping children cope. They include work that:

- Prevents family separations and reunites scattered families
- Enhances families' abilities to provide safety and support to children, such as income-generating projects for war widows, vocational training for returning refugees, or self-help economic initiatives
- Encourages child-to-child approaches, such as training teenagers to help younger children
- Provides care for orphans and unaccompanied children that is based in their own communities and does not rely upon institutionalization
- Rehabilitates former child soldiers and reunites them with their families
- Educates parents, teachers, religious leaders, and service providers on the special care of children in times of war
- Supports traditional healers and community-based mental health workers to develop group activities for victims of violence and rape, such as recreation programs, games, and storytelling
- Teaches refugee children, who may have grown up in camps, about village life, such as how one grows food or raises livestock
- Creates community schools where children can be stimulated, interact with peers and experience the safety of routine.

Community mobilization includes a third task that goes beyond the community itself. It involves reshaping organizational structures so they support field work. Often nongovernmental organizations are under pressure to put donor interests first. Government ministries sometimes pay more attention to their administrative needs than to those of struggling people. It is important that resources be redirected to support community action.

Sometimes that means reforming funding strategies; other times it might require rechanneling staff energies. Because NGOs often have access to other groups and governmental powers, advocacy may become a priority.

This was the case for SCF in Mozambique. Follow-up visits with the families of former child soldiers revealed what children faced after they had returned to their villages. Forgiveness by members of their communities, sometimes the very people they had victimized, was not easily attained. This lack of acceptance kept the children from developing self-esteem. Even more damaging was imprisonment by the Mozambican government. Advocacy efforts were launched to help community members and government officials understand that the boys and girls were war victims. Eventually, SCF convinced the Mozambican military and police to send captured children to child-care groups rather than to prison.

"In Mozambique children were our windows to a better future," said Dr. Kirk Felsman, sub-regional advisor for SCF in southern Africa. "As we organized our efforts to meet children's needs, the whole community began to recover."

As with all programs, child-focused work usually begins with an assessment, followed by project design, implementation, monitoring and evaluation. In the following chapters we explore how to use community mobilization techniques in each of these phases. We explore, too, the difference it can make in the lives of children.

3 Assessment: Creating the Shared Vision

THE SCORCHED EARTH POLICY OF 1981-83 resulted in the death of tens of thousands of indigenous Guatemalans. Fighting destroyed more than 400 villages in the Ixil area and eventually forced the Ixiles to resettle in strategic hamlets, often far from their farmland but closely watched by the military.

Today's Ixil teenagers remember what it was like to run from burning villages, watch soldiers shoot their families, hide out in inaccessible mountain areas for years, with little food and no shelter or school. This memory is so strong among the teenagers that they find certain of today's tasks almost unbearable.

The worst job, they say, is carrying firewood. Not just because the walk has become so long since many forests have been destroyed, nor because loads are so heavy. But mostly because it is humiliating to be bent over mile after mile, unable to see what is to their front or sides, unable to protect themselves.

Since the 1960s, armed conflict between guerrilla groups and the military has killed more than 100,000 Guatemalans and left 1 million more displaced, widowed, or orphaned. Even before that, centuries of extreme racism marred the lives of Ixiles with chronic poverty and violence. Still, Ixiles are survivors. They know their most urgent problems.

That is why Dita Reichenberg, a program officer with UNICEF, asked so many questions on her arrival in the Guatemalan highlands. Before promoting any programs, Reichenberg began an in-depth analysis of the community's history and needs not from her point of view, but from that of the community. Without talking with the teenagers, she could never have guessed how the firewood weighed on their shoulders.

"I had to immerse myself in their culture," she said. "I learned that sometimes people need to change negative feelings about themselves and their culture in order to progress socially and economically."

Listening Provides Answers

To set up a dialogue with the community, Reichenberg formed focus groups of community resource people — mayors, priests, teachers, midwives, health workers, parents — who drew a portrait of the area and its people. She met privately with particularly outspoken and knowledgeable people.

Quantitative data was collected. It included family size and number of families per village, distances and accessibility from village to village and from village to county seat, available services and service providers, and health and economic conditions.

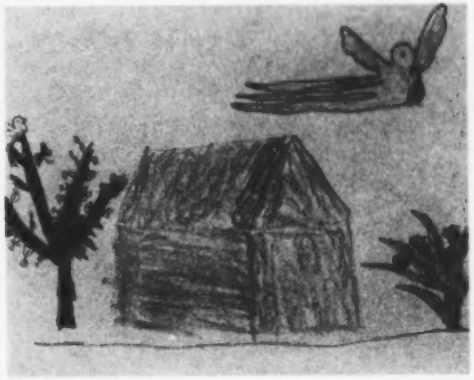
Qualitative data was also gathered. Field workers noted changes in the community as a result of the war, survival strategies, constraints on and resources for family life, and people's stories. Oral history was an important technique used to uncover the past. In the focus groups, people began to reconstruct Ixil history by drawing maps indicating the destroyed villages, which overlapped the map of the new village patterns.

"I asked someone are you from Santa Avelina? They would say that's where I live now, but that's not where I'm from. I am from Xeputul. Then they would draw a map showing where Xeputul was, and they would tell me what it was like before the war," Reichenberg said. "This process was very painful, but very healing as people started to restore control over their lives."

In the midst of this violence a nation is trying to educate its people for peace. And it is almost like after screaming and brutally punishing a child we ask him to learn to speak softly and act gently... How does one teach a child to trust a world that so arbitrarily takes their loved ones away?... We had to use our intuitions and observations of our own children... and they taught us how to work with them.

Jasmin Espiritu-Acuna
Philippine Psychologist

Two Guatemalan children draw the sky.



While living in Florida, a Guatemalan refugee girl, age seven, was asked to draw something that she remembered about Guatemala. She drew Quetzal, the national bird and her symbol of hope. Courtesy of Neil Boothby, Duke University.

A 10-year-old Guatemalan boy draws the military attack that displaced him.

Upon analyzing the data, program officers saw certain patterns that enabled them to identify the community's vulnerabilities and strengths. They shared these with the community to come up with further insights.

While townspeople suffered from the war, rural people experienced the greatest hardships. Not only were villages totally destroyed, but in the rural areas the war damaged cultural identity by disrupting traditional practices, rituals, connections to the land, and support networks. The gap between urban and rural children attending school demonstrated the villagers' vulnerability. In urban areas, 80 percent of children ages six-to-12 and 25 percent of children ages 13-to-17 attended school; in rural areas, 50 percent of children ages six-to-12 and almost no teenagers attended school. In some of the new villages, schools simply did not exist.

Those children who attended school fared better than those who did not. In the ongoing crises, school goers had a chance to socialize, play, and enjoy intellectual simulation. For those few hours of school, they bore no responsibility for their own survival or that of their families. Out-of-school children were forced to assume adult responsibilities at an early age, including household chores and jobs that contributed to family income.

Age was also a factor in how the war affected individuals. Because the most intense period of the war ended in 1983, children ages six-to-12 were not directly exposed though they suffered from impoverishment and the psychological spillover of their parents' traumatic experiences. Children ages 13-to-17 experienced the worst period of war, witnessing its horrors firsthand and often suffering displacement, persecution and deprivation of basic needs.

In addition to their exposure to war, teenagers faced increasing responsibilities. Boys were obliged to serve in civil patrols, a round-the-clock service that kept many from engaging in other skill-developing activities. With farm fields located far from resettlements, heads of households had to walk longer distances to their fields and were unable to protect their crops from wild animals. The lower production and longer working hours forced teenagers to support their families with low-wage jobs.

What To Assess

During the assessment, investigate the following:

- Community strengths as well as needs
- Groups that are especially vulnerable, such as rape victims, child soldiers, unaccompanied children, children with disabilities, and households headed by widows, all of which might become target groups for programs
- Main actors that have resources to offer
- The community's history — what happened? what was life like before the war?
- Status of protective factors — extended families, ethnic groupings, women's groups, youth groups, religious organizations, and schools
- Political situation and security conditions
- School attendance
- Gender implications of proposed programs or of changes the community has experienced
- Peoples' personal experiences and stories, both traumatic and affirming
- Living conditions and peoples' strategies to satisfy physical and emotional needs
- Availability of and access to services
- Cultural traditions, practices and values
- Community organizations and resource people
- Existing programs and who benefits from them.

Victims Become Actors

With the information collected, project workers could identify the most vulnerable groups: 1) village teenagers who had experienced the war directly and faced greater social obligations than ever before; and 2) younger children who were not in school.

The project team targeted the main actor in the recovery effort — the teenagers themselves.

"As teenagers, they were young, exuberant, curious, in the process of seeking their own psychic identity," Reichenberg said. "They had survived the worst adversity and already shown remarkable and imaginative strengths and coping strategies that could be used for their and the entire community's healing."

Teenagers were recruited as community youth promoters (CYPs). They received training that improved their skills, rehabilitation services that fostered psychological healing, and support in organizing activities for younger children and families.

Clear goals were set so that the community could monitor and evaluate progress. Goal number one was to improve the quality of life and educational opportunities for teenagers. The second goal was to increase school enrollment and improve development opportunities for younger children. Goal three was the rebuilding of the community's cultural identity, members' self-esteem and the capacity for self-management.

The teenagers' action plan was to:

- Work with younger out-of-school children to develop their learning skills, organize recreation, and solve problems that prevented school attendance.
- Help parents increase their participation in children's activities, assess their children's learning capacity, strengthen demand for schooling, and create new schools where needed.
- Solve their peer group's problems related to working conditions, educational opportunities and self-worth.

A Guatemalan boy, age eight, draws the 1981 decapitation of a relative.

A Guatemalan teenager from Ixil presents her weavings. Photo courtesy of UNICEF.

- Reconstruct the history of the Ixil area to help inhabitants heal through reclaiming personal and collective identities. Teenagers collected demographic and personal data through oral testimonies, storytelling and map drawing.
- Participate in training workshops every five weeks to evaluate and improve skills and performance.

Training Empowers People

Led by a psychologist and one or two full-time social promoters, the training sessions were critical to project success. Content was driven by the CYPs and was based on previous sessions and problems encountered during the five weeks of community action.

One day of the training was devoted to healing. CYPs shared their individual thoughts and feelings, desires, disappointments, needs and hopes. In addition to discussions, nonverbal activities such as role-playing, drawing, drama, and puppet acting contributed to healing. At first the CYPs expressed reservation and shame. They thought that something was wrong with them because their parents and the Ixiles in general had been the target of such violence. Slowly they came to understand that genocide is never deserved. To overcome negative self-images, the concept "I can, I count, I am worthy" was incorporated into training modules.

The other days of training were spent on skills development. CYPs learned how to ask questions, draw maps, collect and organize information, plan group activities, motivate young children, make decisions, solve problems and lead. Problems that arose out of the prior five weeks of community work were addressed. In this way the teenagers conducted their own ongoing assessment and used it to improve their work.

Where chronic poverty and insecurity prevail, parents sometimes resent play activities for their children. In one Ixil village, for example, parents stopped sending their children to the activities because the children were just "playing" and not doing anything "useful." The CYPs called a meeting

How To Assess

These guidelines can help a community create a shared vision:

- **Refer to available secondary information about the community.**
- **Engage community participation through focus group discussions, interviews with key informants, and contact with established community organizations. Make an effort to assure participation of women and youth.**
- **Use survey research when helpful, but delay using questionnaires until the trust and understanding of the community has been attained.**
- **Employ age as criteria for assessing children's needs and abilities and include older children in program activities.**
- **Share information with the community.**
- **Define clear objectives so that progress can be gauged.**
- **Make assessment an ongoing process so that the community can improve itself.**
- **Do not raise false expectations while gathering preliminary information.**
- **Promote a diversity of ideas — let the community decide what it will adopt from outside and what it will preserve of the local culture.**
- **Ensure that women and other community members closest to children participate on assessment teams.**
- **In emergencies, conduct assessment as soon as possible.**

with the parents and a compromise was reached. Young girls agreed to learn to weave, a useful skill, as long as they could design and keep what they produced.

"The young girls usually wore clothes made out of old mothers' clothing," Reichenberg said. "So they were thrilled to learn to weave huipils, which are woven tops and the most beautiful, colorful things in the world."

Teenagers Get Results

During the training sessions, teenagers discussed the daily humiliation of carrying firewood, sometimes through zones still menaced by soldiers. They came up with a simple solution: mules. Though they didn't have the money to buy the two mules per village necessary to meet their demands for wood, they decided to borrow the money from the project. With their increased capacity to carry and sell wood, the teenagers are paying back the loan.

In all, the project encompassed 64 villages and 350 CYPs. Among the Ixiles, school attendance shot up. While none of the CYPs were in school when the project began, 40 percent are now attending either primary or secondary grades. The remainder are involved in a variety of vocational and non-formal educational programs. Of the younger children, 400 more attend school.

Self-image among the teenagers has improved as the community now seeks their help. Village leaders have invited CYPs to join development councils, and new villages are interested in CYP training for their teenagers. Parent committees have been formed in one-third of the villages, and three new schools have been set up.

Cultural identity has strengthened. The collection of oral histories and traditional legends has spurred some CYPs to learn to read and write in their own language, even though Ixil has been used traditionally only for oral communication. Traditional musical instruments can be heard at village festivals where before none were played.

A Local Perspective Is Needed

Assessment can no longer be based solely on a Western worldview. Indigenous healers and spiritualists classify trauma and recovery in ways that are different from Western conceptions of post-traumatic stress disorder. That is why we have shifted from Western diagnostic tools toward models of social adaptation and functioning.

Assessment therefore should not focus exclusively on symptoms of illness. Instead, important questions are: Can the child or caretaker function? Can a child go to school and learn? How is the child getting along with friends? How is the child's physical health? What are the child's developmental needs, and how in this culture are they being met?

The situation assessment, which is often the first encounter with a community, is the best time for project workers to explain their organization's mandate so that false expectations are not raised. On entering a culture in crisis, sometimes it is hard not to make promises. But making promises that cannot be kept causes even more damage.

The purpose of an assessment is to help a community understand its needs and resources and to create a program that will work in the local environment. Assessments should never be conducted for the sole purpose of collecting information. Results should always be shared with the community. University research on refugee communities, including doctoral theses, that are not shared and do not result in direct benefit to the community can be unethical.

Research is needed, however, that helps field workers identify and understand how a community copes with difficult circumstances. In Guatemala, for example, village elders monitor economic well-being and distribute rations to needy households, such as to widows. It is important that recovery work support these local coping mechanisms.

Assessment that uses community participation is more effective than the conventional method of bringing in outside experts to "figure out" the problems. In Guatemala, participation was achieved by focus group discussions.

Community youth promoters in Guatemala. Photo courtesy of UNICEF.

A Rwandan man collecting firewood at a refugee camp in Goma, Zaire.

Assessment was done on a continual basis by the teenagers in the training workshops. Assessment best serves the local community when it is ongoing so that the community can respond as circumstances change.

Because war and displacement cause profound change in people's lives, an assessment should not focus only on the present. Information about the past is needed to understand how the community normally functions and the constraints people face. Sizing up security conditions can reduce risks to local people and project workers.

In emergency situations, when people are starving and lives must be saved, assessment seems like a luxury. Even under those circumstances, though, informal assessment can begin. As the relief work is moving forward, workers can promote the participation of local people in making decisions. When the emergency has abated, a fuller assessment can follow.

If assessment is skipped, it is very difficult for a community to create a shared vision. With no shared vision, the community is stuck where it is, helpless before violence, dependent on outside relief, blind to the better possibilities. They do exist.

4. Project Design: The Power of Human Bonds

THE CHILDREN, STILL IN UNIFORM, came directly from the war front. Gunpowder had been added to their food to keep them alert. The use of weaponry had perforated their ear drums, which made listening hard, firing weapons easier.

It was June 1995. The first group of child soldiers had just been released from Sierra Leone's military. The government had ratified the U.N. Convention on the Rights of the Child, and this was its first effort to comply.

Of the 370 released, 10 were girls whose military life included sexual exploitation. Despite their young ages, ranging from seven to 17 years, some of the children had killed. Caregivers found the children difficult to handle.

By September, however, a visitor remarked, "Usually the first thing the children wanted to show a visitor is their school books. They see education as their way out of poverty and are motivated to learn."

Producing transformations of this kind is never easy. The Children Associated with the War Project in Sierra Leone based its success on a simple concept — the power of human warmth. Through caring relationships, it was thought, these children might have a chance to recover from militarization. Part of the project's design was listening to the children's own aspirations and shaping the project to suit them.

Nurturance as Best Therapy

After release, the government assigned the children to three dilapidated homes. "The dangers of institutionalization were recognized, and we tried to avoid it," said Margaret McCallin, director of the refugee children's program at the International Catholic Child Bureau.

With the collaboration of the local Catholic Mission and UNICEF, field workers emphasized meeting the children's human needs rather than on controlling behavior. "The model was to meet the developmental needs of these children through a community response," McCallin said. "This contrasts with the 'sickness' model where these children would be seen as disruptive and needing a system to manage them."

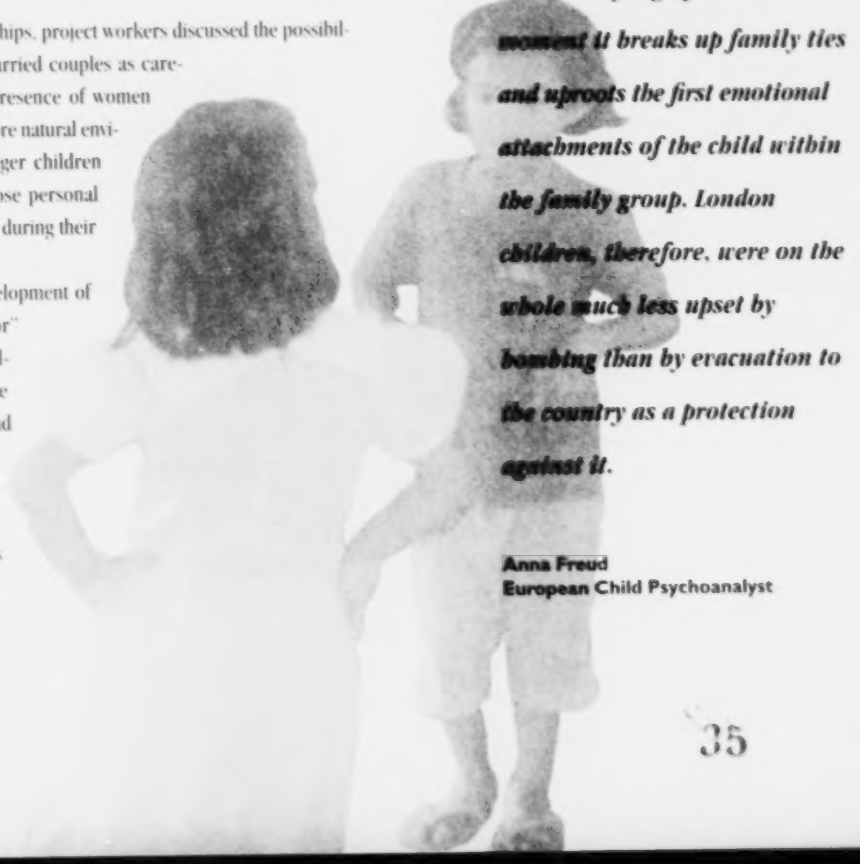
The project was conceptualized in two parts. A six-month rehabilitation program that focused on the recovery of the children and an intensive three-year effort to trace families and reintegrate the children into their home villages.

Key to phase one was recreating human bonds. Staff provided nurturance and support rather than strict surveillance. They encouraged children to participate in their own care through gardening and household chores.

By spending time with the children, either in providing for basic needs or engaging in simple activities such as a football game, caregivers formed relationships of trust. Eventually the children talked about their militarization — the reasons for recruitment, whether they had killed, which weapons they had used.

To further these relationships, project workers discussed the possibility of employing mature, married couples as caregivers and noted that the presence of women caregivers would create a more natural environment. Many of the younger children craved affection and the close personal contact that they had missed during their time in the army.

In keeping with the development of mutual trust, an "open-door" policy was followed. The children were not confined to the homes by force, which had been the case in other projects. At first some children ran away, but they returned. Gradually attitudes



War acquires comparatively little significance for children so long as it only threatens their lives, disrupts their material comfort, or cuts their food rations. It becomes enormously significant the moment it breaks up family ties and uproots the first emotional attachments of the child within the family group. London children, therefore, were on the whole much less upset by bombing than by evacuation to the country as a protection against it.

Anna Freud
European Child Psychoanalyst

changed as the children understood that sanctions were not imposed on their freedom of movement.

Schools were set up in each of the homes, which helped provide the structure and predictability that children in difficult circumstances need. Emphasis was placed on the nurturing aspects of the teacher's work. Advising children, promoting peace and helping students rediscover themselves were considered as important as imparting specific knowledge.

All staff — including cooks and storekeepers — received training that enabled them to meet the specific needs of former child soldiers. "Children usually confide in those to whom they feel closest," McCallin said. "It should not be assumed that the counselors or psychiatrists, who may be removed from their daily lives, are the ones to whom they will turn. This is more likely to be a kindly teacher or a warm-hearted cook."

Staff training was ongoing. Given the necessity of maintaining care for the children, staff could not take time off from their duties to attend an extensive training program. A multiplier approach was used, with a core group of teachers and caregivers attending workshops one weekend every month. They in turn trained their colleagues in specific job skills and in issues such as the tenets of the U.N. Convention on the Rights of the Child, child health and development, children's reactions to loss and trauma, techniques for communicating with children, techniques for dealing with violent and threatening behavior including lying and stealing, and drug abuse.

In order to focus on capacities rather than pathologies, all staff were trained to recognize a child's personal strengths. Those might include leadership qualities, a sense of responsibility, the ability to show love and understanding, a good sense of humor, certain skills or talents, intelligence, and the exercise of independence and coping. Developing these strengths was everybody's job.

In a series of meetings that began with a fourteen-point psycho-social monitoring chart, a plan of action for each child was developed. To complete the chart, workers assessed sleep problems, aggressive behavior,

Designing a Project

As project design moves forward, ask these questions:

- **Are you reinforcing and creating human bonds?**
- **Do workers have training to meet the needs of target groups?**
- **Have you committed enough time to make a positive change in the community? In Sierra Leone, three years was planned for community reintegration.**
- **What are you doing to foster a community's self-reliance?**
- **Are you meeting the developmental needs of children? Did the community help to define what these needs are?**
- **Is your program improving the economic, political and cultural realities of the child?**
- **Have you overlooked any strengths or resources that might be tapped?**
- **Are you reinforcing cultural values and practices?**
- **Did you build in a method of evaluation that will help the community improve the program?**

truancy, weight loss, hyper-alertness, and span of concentration. This was completed daily by the caregivers, then monitored every month by teachers and counselors. Halfway through the rehabilitation program, an evaluation was made of the child's progress based on educational, psychological and physical health data.

During these sessions, almost all of the children said that they most wanted to develop skills that would enable them to lead independent, productive lives. This voice of the child was incorporated by providing not only formal education, but also vocational and apprenticeship training.

The Girl Soldiers

A lesson learned in Sierra Leone was that combatants can be of either sex. In fact, military life affected the identity of the girls even more than that of the boys. At the beginning of the program, for example, one girl went each night to sleep in the boys' dormitory — not to engage in sexual activity, but because she felt she "belonged" with them.

Early on, project workers sensed the need to pay special attention to restoring the girls' identity. Continued proximity to the boys had perpetrated sexual abuse, putting the children at risk for unwanted pregnancies and sexually transmitted diseases. Having been forced to engage in early sex, often with multiple partners, these girls were vulnerable to continued abuse. Without intervention prostitution was a common future, depending on socioeconomic circumstances.

Project workers considered living arrangements outside the group homes essential, though these have not yet been arranged. The girls also required increased physical protection and surveillance. Two girls who ran away, for example, were taken by soldiers they knew.

Home Again

The ultimate aim of rehabilitation was to restore family bonds. Workers immediately told the children that their families were being traced and that staying at the group homes was temporary. To date, all of the children have been returned to family or relatives.

Teachers and caregivers completed tracing forms, and staff used that information to locate the children's families. A two-month study of the child's family and community followed to identify the factors that would help or hinder the child. Once complete, staff used the study to determine whether the home situation was conducive to a healthy family life. In some cases, children were reunited with members of the extended family rather than the parents.

Assessment of the family involved answering questions such as:

- Is the family intact, or is there only one parent caring for the children?
- Is the family displaced due to war or other reasons?
- What is the family's economic situation? Can the family benefit from local development projects?
- What is the health status of the parents?
- Have the parents experienced traumatic events? Can they care for the child emotionally?

In assessing the community, field workers considered the level of security and the general political situation. Conflict still affected some areas, which posed the risk that the community would be attacked or displaced. Investigation was done of available services, such as education, health care, skills training and recreation.

The assessments were used not only to place the child in the most positive environment possible, but also to develop a plan for community-based improvements. Certain families were impoverished. Direct emergency assistance was given in some cases to pay for school fees or medical care up to

A toy gun is easily fabricated in a refugee camp in Western Croatia.

A Project's Components

In designing a project, break it into various components. Here is how that was done for Sierra Leone's Children Associated with the War Project.

TARGET GROUP

- Former child soldiers, ages eight-to-15.

PROBLEM

- Emergency response: to establish a system of care-giving and rehabilitation for demobilized child soldiers.

PURPOSE/OBJECTIVE

- Rehabilitation through establishment of a nurturing environment designed to meet the child's developmental needs
- Family tracing and reunification
- Reintegration into family and community.

ACTIVITIES

- Education
- Counseling
- Recreation and therapy
- Vocational and skills training
- Training of caregivers, teachers, and tracing and auxiliary staff
- Detoxification
- Family tracing
- Assessment and monitoring of child's progress
- Assessment of community readiness to receive child
- Income-generating activities for families
- Community development and upgrading of resources.

PARTICIPANTS/LEADERS

- UNICEF
- Government Ministries
- Catholic Mission
- CAW Project
- Other local NGOs and private individuals
- Latterly, Concern (Irish NGO) and European Union.

TIME

- Three years:
  - six months rehabilitation and family tracing
  - two-plus years reintegration into community.

RESOURCES

- Three buildings from government
- UNICEF and Catholic Mission funding for first year; second-year funding from UNICEF and European Union
- Human resources from local NGOs and private individuals
- Skills and resources from international NGOs.

Once a project has begun, it is important to document constraints and solutions. These examples are from Sierra Leone:

INTERNAL CONSTRAINTS

- **Lack of preparation due to emergency situation**
- **Problems coordinating local human services**
- **Poor quality of physical environment**
- **Lack of policy, planning and programming for children's needs**
- **No effort to build the capacities of local organizations to address children's needs.**

EXTERNAL CONSTRAINTS

- **Funding procedures of international organizations**
- **Lack of policy, planning and programming for children's needs**
- **No effort to involve or build the capacities of local organizations to address children's needs.**

SOLUTIONS/LESSONS LEARNED

- **Outreach to incorporate resources of other organizations, including a training workshop**
- **Formation of NGO — the CAW Project — to implement work**
- **Formation of partnership with international NGO that may result in access to additional funds**
- **Efforts to involve local networks and associations to ensure genuine reintegration**
- **Use of CAW project experience to develop a program to help other children affected by the ongoing conflict.**

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one year. In other cases, assistance took the form of moral support; staff met with family members to discuss issues and problems.

A revolving loan was set up to encourage economic viability. In one situation, where 20 boys were returning to a community, a mothers' association was formed. They requested and received a one-time loan to start a soap-making business.

Investments in a community's infrastructure were important to fostering a communal sense of responsibility toward the children. Improvements were made in water and sanitation, skills training and school equipment. Recreation centers were set up in five villages where the children had nothing to do and were going to the local army bases for "fun."

Of the 370 children, 20 percent, mostly older boys, have rejoined the army. In work of this kind, success is never 100 percent. The rest of the children have remained with their families, and community work in their villages continues.

The Child-to-Child Approach

In addition to relationships with adults, child-to-child bonds can also form the basis for new and peaceful lives. This is especially true in Filipino communities, where older children take on adult roles such as washing clothes or cooking food. This cultural feature formed the basis of the Kapatiran schools, which were set up in Southern Negros.

Southern Negros has been one of the most strife-worn provinces in the Philippines since the communist rebellion began in 1968. The worst year was 1989, when the Philippine military launched the massive offensive, code-named Operation Thunderbolt, which left 35,000 people displaced.

During the emergency, Dr. Remedios Ortaliz, executive director of the Bulig Foundation, Inc., helped deliver primary health care to save the lives of children who were dying from measles, diarrhea, pneumonia and other diseases that festered in the environment of deprivation. After months of relief work, people began returning to their homes. "Many children

Teenagers teach preschool children in the strife-ridden province of Southern Negros in the Philippines. Photo courtesy of the Bulig Foundation, Inc.

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War Alters A Child's Sense Of Meaning

Exterior of a Rwandan church where people sought refuge during the 1994 genocide.

Interior of the same church. Soldiers waited until the churches were full. Then they poked holes in the walls and massacred those inside with grenades, machine guns and machetes.

A Rwandan preacher meditates before a church service in a refugee camp in Goma, Zaire.

The church service begins...

...and ends.

Material Assistance Alone Does Not Address This Loss

returned home with deep psychic wounds," Dr. Ortaliz said. "We resolved to go beyond reactive efforts to help them."

In her mind, a community-based approach was essential. The psychotherapy center in Davao City was too expensive to serve the affected population and involved removing children from their homes. Separated from family, the child was bound to suffer more. Besides, there was a lack of trained psychotherapists in the country. "It would be a mistake to treat the traumatized child in isolation," Dr. Ortaliz said. "The best possible atmosphere was the school."

Dr. Remedios Ortaliz teaches Filipino children to make rice paste for rehydration in case of diarrhea. Photo courtesy of the Bulig Foundation, Inc.

In school, war-affected children could play and be with friends, a dose of normalcy amidst the dislocation. In school, teachers or social workers could gauge how a child was functioning with peers.

Ortaliz' idea was to create preschools for the young children. She targeted children ages three-to-six because they were in a critical stage of their psychological and social development and did not yet have the advantage of school. Parents were too busy providing for their families to operate the 15 Kapatiran (the word means "brotherhood" in the local language) schools in four towns. Instead, teenagers ages 15-to-22 were trained to become community-based child trainers.

Initially the preschool focused on play therapy, but parents requested that the curriculum be expanded to include basic literacy and health education. The following subjects were covered:

- Early child value formation
- Basic health care
- Disaster preparedness
- Child literacy
- Rights of children
- Peace-making

TEACHERS' DUTIES

- **Create a positive environment for the children.**
- **Help children rediscover themselves and develop talents.**
- **Impart knowledge.**
- **Provide discipline and reform behavior.**
- **Motivate and arouse children's initiative.**
- **Observe the children and assess progress.**
- **Help children function in a group.**
- **Create leadership skills.**
- **Help children deal with society's expectations.**
- **Assist children in developing skills that will make reintegration successful.**

CAREGIVERS' DUTIES

- **Show concern for children's needs.**
- **Impart knowledge about the realities of life.**
- **Protect, guide and discipline children.**
- **Build children's self-esteem.**
- **Show empathy.**
- **Help children care for their personal environment and hygiene.**

SOCIAL WORKERS' DUTIES

- Understand root causes for participation in conflict.
- Take case histories.
- Organize program activities.
- Observe emerging issues.
- Make referrals to counselors.
- Trace families.
- Identify alternative forms of care for children.
- Implement community awareness programs to ease reintegration.

COUNSELORS' DUTIES

- Counsel individual children.
- Counsel adults affected by the war, including teachers and caregivers.
- Inform program managers and government of the children's status.
- Counsel the families to assist reintegration.
- Work with local communities to promote acceptance and understanding of the former child soldiers.

Job Descriptions of Sierra Leone Staff

In working with former child soldiers in Sierra Leone, the nurturing aspects of duties were emphasized. While staff shared many job responsibilities, specific job descriptions were created.

A villager helps build a Kapatiran preschool in the Philippines. Photo courtesy of the Bulig Foundation, Inc.

Communities had an active role in running the schools. Initially, local people built the schools and furnishings. They provided supplies, food for school meals, and token amounts to supplement the child-trainers' salaries. The community selected the children who attended the Kapatiran schools and the teenagers who served as trainers.

At monthly meetings with Bulig staff, the child trainers reported on the progress of individual children and addressed problems they had encountered. Lecturers upgraded the knowledge and skills of the child-trainers in areas such as child development and psycho-social care. The curriculum in the Kapatiran schools is adjusted every year based on reports at these monthly meetings.

The Kapatiran schools are a safety net for the young children not only because they provide a place for children to learn, play and be cared for, but also because the child-trainers identify and develop individual strategies for children with severe problems.

"One girl had lost a leg in a firefight, and she would wake up from nightmares and try to chase her leg," Dr. Ortaliz said. "She was referred by a child-trainer and was eventually fitted with a prosthesis and given therapy. She is home now and doing well."

Mothers have reported feeling less stress and worry in caring for their children who attend Kapatiran schools. The child-trainers say that they have gained living skills and respect in the community.

For Glenda, one of the Kapatiran school children, the program has meant renewal of hope. She was six when Operation Thunderbolt forced her to evacuate her home. When she entered the Kapatiran school, she was very aggressive and often hurt the other children. With play therapy and guided interaction with other children, she learned to be less aggressive. In 1993 she was chosen to speak on the occasion of her community winning the Aurora Quezon Peace Award:

> *My name is Glenda. Mother says I am already seven years old. I am in Grade One, and I have three siblings. Nene was born during the evacuation; Babylyn was born in the Peace Zone. Mother said giving birth at the evacuation center was very hard. There was no fresh air. It is easier in the Peace Zone. We will never leave our home again.*
>
> *In our village there are still plenty of fireflies. . . .Sometimes my grandfather would come home from the farm, and though he was tired, he would try to catch some for us. We would put them inside our mosquito net and play with them until we fell asleep. Sometimes when we woke up in the morning, they would still be flashing.*

5 • Implementation: Cultural Barriers and Assets

In camps along the Afghan-Pakistani border, almost 2 million women and girls lived in purdah seclusion. Though they formed part of the largest flight of people in the world, the women were not allowed outside their homes. Visitors were restricted to relatives. Few girls attended school.

"On the one hand, purdah was reinforced as an assertion of traditional values and because of the presence of unknown men in the camps," said Dr. Anitha Ronstrom, child psychologist and project manager for Radda Barnen's (Swedish Save the Children) training project for social workers in Pakistan. "On the other hand, this severely limited women's social contacts, reduced the possibility of education for girls, and obstructed the implementation of projects for women and children."

Women and children comprised almost 80 percent of the Afghan refugees. Their need for community development was great. Because of war losses, many of the women were widows. In the camps, the extended family no longer operated well enough to care for widows, who found themselves alone. For many, their only means of support was to send their sons to party schools or to the military forces for recruitment.

Under purdah, single women without a male protector found it difficult to gain access to relief items. A poor diet, combined with the cultural practice of women eating after men and children, left most women undernourished and weak. Direct efforts by international groups to help the women failed. Female teachers and outreach workers were harassed by Afghan extremists. In one camp, where only widows and their children lived, community projects were destroyed and the inhabitants chased away. Political and religious leaders did not approve of community participation for Afghan women.

Dr. Ronstrom tried another approach. "It was very important from the start to use correct channels and make sure that the men experienced that they had control and were in charge of all decisions," she said.

At the beginning, community workers recruited men to form social welfare committees that were in charge of all community-based action. Ideas to help children surfaced. Playgrounds and schools were set up. Libraries were built where the group could meet and the children could hear traditional stories.

"Eventually the men saw that their wives needed to be involved because they understood fundamentally that the work was to support and help their children," Dr. Ronstrom said. "They saw the value of the committees and wanted similar committees to deal with female matters."

Men selected the women who could participate. Women became teachers in schools, child-care and preschool workers, trainers in sewing and soap-making projects, and community health workers. Mobile medical teams with women health attendants and women-only clinics helped surmount the cultural barriers that had limited women's access to health care. Because elder women had more freedom to move around and to express their opinions, they proved to be valuable resources as health promoters.

"The need for more female field workers on a higher level in international organizations is great," Dr. Ronstrom said. "In the camps, women without a male protector were exposed on a regular basis to violence, threats and rape; they were reluctant to talk about it unless they could talk to a woman."

The matriclan
is like the forest:
if you are outside
it is dense,
if you are inside
you see that
each tree has its
own position.

Akan Proverb from Ghana

Help for Disabled Children

Millions of mines still cover Afghanistan. Often children set them off. As a result of this and other war-related violence, many children in the camps had disabilities.

A disabled Rwandan boy stands apart from his peers.

In the refugee camps, the attitude toward disabled children was resignation. Expectations for them were low; scarce family resources were devoted to other children. As part of Radda Barnen's efforts, social workers targeted disabled children as a vulnerable group. Groups of community workers were trained in children's disabilities — the causes of disability, how to work with disabled children, how to train the children to cope with their disability, and how to teach parents to help the child at home.

Workers went door-to-door to identify disabled children. They asked parents basic questions: Could a child of eight months not sit properly? Was a boy or girl of 18 months unable to walk, move hands and legs, or hold the head upright? A medical team with a physical therapist came regularly to the camps to diagnose the children and to show community workers how to train the children.

"The initial reluctance from the refugee community to spend resources on disabled children changed radically when they saw that the children could function," Dr. Ronstrom said. "In turn the children's improvement was greatly influenced by the community's acceptance and their integration into normal life."

Since repatriation began, community volunteers have established child-care centers in more than 100 villages in Afghanistan. They have also trained new volunteers to work with children with disabilities.

Building on Cultural Assets

Storytelling is one of the Afghan culture's strengths. Though the illiteracy rate was high among refugee children, all could enjoy oral renditions. To encourage storytelling that would help children deal with loss and grief, libraries were built where children could listen to and discuss traditional stories.

Afghan stories contain lessons about life. An important lesson that war-affected children learned was to find the courage to take care of themselves. Through stories, youngsters learned the skills they needed to be self-sufficient and to solve problems. In the stories, children heard examples of what others did in given situations.

Often after hearing a story, some children would talk about death, grief and loss. For others, it was easier to talk about a story character's feelings and hardships than about his or her own. For very withdrawn children, drawing worked best. A child might draw a particular scene and then a teacher would ask questions: Who is this? What does this part show?

Cultural assets can include government systems. In a different project for war-affected children in Sri Lanka, for example, family health workers were recruited to help children deal with emotional trauma. As part of the well-established primary health care system in Sri Lanka, family health workers, also known as midwives, were already providing prenatal and postnatal care for mothers and prevention services such as immunizations for preschool children.

With funds from UNICEF, the government's primary care physicians trained these family health workers to help children exposed to armed conflict. UNICEF published and supplied in local languages a book, Training Manual for Helping Children in Situations of Armed Conflict, for workers to use. Without adding expensive personnel, a cadre of workers was helping children cope with the consequences of violence.

Former Yugoslavia:
Unaccompanied Children in Exile

Each day the bus appeared at the same spot in the capital, Sarajevo. Youngsters clamored for a place. Many traveled without their parents; others were entrusted to people the parents hardly knew. All expected the separation to be brief, the war soon over.

In truth, no one even knew which way the bus was headed. Military action that day decided the destination — whether to the Adriatic port of Split, Slavonski Brod to the north, or elsewhere. Brothers and sisters who left on different days risked going in different directions.

As the violence intensified, children were moved out in convoys. More than 3 million people, half of them children, were displaced within the countries that once comprised Yugoslavia. More than half are scattered in far-off regions of western and eastern Europe, the Middle East and Asia.

Some children have fallen into unscrupulous hands. In Turkey, one boy was entrusted to someone who beat him frequently. Ina, a 13-year-old girl, must work in exchange for meals and housing 10-12 hours a day in a shop that makes flip-flops. Once a top student in Bosnia, Ina no longer attends school. Exiled children in her neighborhood report that some employers demand sexual favors for access to these low-paying jobs.

"Many of the children are completely out of contact with their families," said Dr. Vesna Bosnjak, director of Unaccompanied Children in Exile. "They are more plagued by depression, sadness, insomnia and nightmares than children who are able to communicate directly with a parent by phone or letter."

Dr. Bosnjak founded the project, Unaccompanied Children in Exile, in order to protect children from illegal adoption, illicit trafficking and other abuses, as well as to ensure children's rights to a family, a name and a nationality.

The project appoints a coordinator in each major country of refuge, who in turn establishes a team of interviewers. The interviewers, most often expatriates from former Yugoslavia with experience as teachers, social workers and psychologists, work for modest pay. After they have been trained in interviewing techniques, the interviewers identify and register the unaccompanied children in the country.

Once the children have been found, the interviewers maintain relationships with the children to make sure each child's exact location is known and that they are adequately supported until repatriation can take place. Contact with parents is re-established, which often lifts the child's morale.

Sketched by an Afghan refugee child. Courtesy of Radda Barnen.

In addition to restoring family contact, project workers affirm the children's cultural ties in other ways. Two children who had been in Abu Dhabi for 16 months were given books in their Bosnia language. "You are the first people who fed our souls," the children wrote back.

In general, assistance to unaccompanied children takes the following steps:

1. **Identification** Begin an active search to identify children, who may reside in orphanages or other child-care institutions, hospitals, feeding centers, camps and displaced communities, or neighborhoods known to refugees.
2. **Documentation** Interview each child to collect biographical information that will help in locating families. Keep a database of biographical interviews, with photographs of the children.

A Suncroket volunteer gives flowers to kindergarten students in a camp in Western Croatia.

3. **Tracing** Locate children's lost families. In former Yugoslavia, UNHCR's Reunite data bank is used; centers are equipped with CD-ROM software and profiles of children, including digitalized photographs, which parents use to search for missing children. Given the low level of literacy in Mozambique, posters were made of the Polaroid snapshots of children. The posters were distributed around the country so that families could claim their children.
4. **Interim Care** Upgrade interim care, which may entail securing better housing, rescuing children from abusive environments, or arranging access to education and counseling. Re-establish contact with parents. In many cases, the International Committee of the Red Cross can assist in gathering and delivering messages.
5. **Verification** Ensure that both parties — the adult relative and the child — wish to be reunited and that the child will be well cared for.
6. **Reunification** Arrange physical reunification in the safest available place. Emotionally prepare the child and the family for reunification. Children may be given kits or "agripacks" consisting of supplies that will help stabilize reintegration into the family. Alert schools and health and social services. If reunification is not in the child's interest, find the best possible alternative arrangement in the child's community.
7. **Follow-up** Follow up on reunited families through home visitations, programs to enhance community involvement, local economic initiatives, and counseling and traditional services when required.

The importance of each step is determined by the local situation. In Mozambique, reuniting separated family members was the priority. For the children of former Yugoslavia, whose homeland remains racked by hostilities, emphasis is on upgrading interim care.

"While the children are in exile, what they seem to value most about the visits is the regular contact with a friendly adult who speaks to them in their own language and makes it clear that they are not forgotten," Dr. Bosnjak said.

6 Monitoring and Evaluation: Tools for Embracing Change

There are as many ways to evaluate a program as there are programs. But no matter how an evaluation is done, one result is key: good evaluations lead to change.

No program is perfectly conceived or executed. To improve results, field workers rely on program evaluations. Especially in war zones, where large-scale changes can occur rapidly, evaluation becomes a tool for adapting programs to changing circumstances.

In light of our community strategy, an evaluation is not a document that fulfills donor requirements and then is filed away. During program evaluation, the community considers what has been done, how they have been involved, and how they can move forward.

Through an evaluation, Teresa De La Cruz of the Children's Rehabilitation Center in the Philippines realized that the CRC's work in Namulo could not be sustained. Workers there were helping children and their parents recover from a forced displacement.

"Organizations at the Namulo relocation site tended to rely on pre-conceived plans and outside professionals," said Ms. De La Cruz, who is currently a research consultant with the Psychosocial Trauma Program at the University of the Philippines. "The lack of trained professionals and the expense of sending them into the community limited the program's future."

In Namulo, fear had overcome children. Many cowered upon hearing a noise or at the sight of a stranger. Sleeping and eating problems were common. Irritability, depression and poor physical health took their toll. As a result, many children were unable to perform in school and to carry on normal relationships with peers and family members.

To strengthen emotional support for children, CRC workers visited the community several times the first year, staying for a maximum of seven days per visit. Play activities included games, storytelling and drawing. Children and parents received individual and group therapy. Children's meals, medical care and school supplies were provided as support services.

In the second year of the program, two evaluations measured the community's progress. Focus groups of children and parents provided feedback on what they understood about CRC programs and on how those programs had affected their lives.

Parents emphasized the need for material goods, such as food or school supplies. They had little understanding, for instance, of how CRC's programs worked. As one parent put it, "I just see the children playing; that is all I know, but I do not know the reason."

The evaluations prompted CRC to change its approach. Instead of sending in professionals from the Negros regional center, the CRC launched a training program for grassroots child-care workers. Local people are now learning how to meet the social and emotional needs of their war-affected children. These efforts will be integrated into broader development efforts.

"Staff had been overloaded with duties," De La Cruz said. "The evaluations highlighted the realization that only through transfer of skills and the creation of a new set of community caregivers could the program prosper."

Benefits of Evaluation and Monitoring

In addition to shaping program improvements, evaluations allow workers to demonstrate a program's performance. Setting clear goals from the program's start, and securing agreement from donors on how success will be measured, make results easier to measure and more reliable to donors.

Evaluations can also determine if a program is cost-effective. For example, community-based programs to help children in the Philippines are generally 10 times cheaper than institutionalization.

Like evaluation, monitoring can bring change to a project. While evaluation looks at a whole project and its results,

Perhaps very late
our dreams joined
at the top or at the bottom,
up above like branches moved by a common wind
down below like red roots that touch.

Tal vez muy tarde
nuestros sueños se unieron
en lo alto o en el fondo,
crecen como ramas que un mismo viento mueve,
abajo como rojas raíces que se tocan.

Pablo Neruda
Chilean Poet

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Filipino children at a Children's Rehabilitation Center meeting. Photo courtesy of the Children's Rehabilitation Center.

monitoring is an ongoing process aimed at refining a program's different elements. Monitoring was used in Guatemala by teenagers who met every five weeks to discuss their community work. In Sierra Leone, daily charts were filled out and reviewed on each child's health status and behavior.

Monitoring and evaluation are more than effective tools. No intervention is neutral. Working in foreign cultures and with the most vulnerable populations compels interventionists to show that a program is doing no harm and some good.

What To Evaluate

In setting up a program evaluation, deciding what to evaluate is the most critical step. A common mistake among nongovernmental organizations is their failure to identify clear indicators for evaluation and monitoring at a program's beginning.

For child-focused programs, valid criteria are those that emphasize the social adaptation of individual children, that is, how the child is functioning in the family, school, with peers, and in the wider community. From the start of a program, it is important that the community set the criteria for measuring progress so that they are culturally appropriate.

Social and psychological results often elude quantitative analysis. A project's success or failure can depend on changes in attitudes, relationships, fears, motivations, communication, and leadership patterns, all of which are difficult to quantify. That is why in work of this kind, qualitative evidence is as important as statistics. Weight gain is an indicator of progress, but so is the observation that once sullen children are now playing and learning.

In documents that relate to children, confidentiality must be respected. Program workers must establish guidelines for dealing with media so that children will not suffer additional stress.

As children's progress is measured, it is equally important to evaluate the community's involvement with their children. Programs cannot meet children's long-term needs without providing for sustainability and local control.

The following questions will help field workers monitor and evaluate their efforts in helping children and in mobilizing community action:

- Are parents more engaged in their children's lives?
- Can the child go to school and learn?
- How is the child getting along with friends?
- How is the child's physical health?
- Have relationships between children and adults been strengthened or new ones created?
- Who is making the decisions and how are they arrived at? Is the community participating in making decisions?
- Is there collaboration with other programs operating in the area?
- Have people changed their behavior toward authority? Are they more assertive, involved, or able to speak out?
- Has there been a transfer of knowledge or skills to local people? Has there been increased access to or understanding of available services?
- Have training programs increased helpers' skills and do helpers apply these skills in their community? Does the application of these new skills make a difference in the lives of children and families?
- Can the community sustain the program itself or with limited outside assistance?
- Has there been a change in internal politics and human rights conditions?
- Have outside workers and/or donors changed their attitudes toward community members, regarding them less as recipients and more as partners?
- Are local people more aware of the larger political context in which they are acting?

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- Have local people documented their work, i.e., meeting minutes, children's progress reports, and transcriptions of local legends?
- Has security improved?
- Is the community able to address new problems and contact NGOs for assistance?
- Is the money spent in a particular area proportionate to its importance?

How to Evaluate

The major responsibility for data collection should be with community members. Conventional evaluation reports often use professional terms and statistics that community members find meaningless. In a participatory approach, evaluation findings should emerge in terms that are understandable to the community, in this way, evaluation increases the community's abilities to make decisions and manage their own lives.

An effective strategy for collecting information is to use community focus groups. These groups can set goals that are appropriate for the local culture and for the developmental stages of children.

A good way to evaluate a program is to ask parents at the beginning what problems they are having with their children and what changes they would like to see. "De La Cruz said. "Because the parents set the criteria, they will be culturally appropriate. The parents can also tell you when progress has been made."

Sources of information include:

- Feedback from community members, implementers, children, parents, and teachers
- Observation notebooks or charts that might list physical and behavioral factors. Be careful to describe specific behavior (the child is not talking) instead of labels (the child is depressed) because the latter are more subjective and may be culturally inappropriate.

- Cost benefit analysis
- Reports from mothers, fathers or caregivers
- Teacher observations
- Children's comments and observations
- Community determined measurement of the child's capability at certain stages of development

For too long international organizations have used external evaluators to measure the effectiveness of field programs and to decide where resources will be channeled. We suggest that the work of community evaluators can be used not only to inform donors, but also to improve work in the field. At best, monitoring and evaluation are not threats, but the tools of change-makers.

Our Evaluation — Need for a New Beginning

There are many ways to promote the psychological and social well-being of children. In our eight cases, these have ranged from helping especially vulnerable groups, such as child soldiers and unaccompanied children, to initiating community development, such as locally managed credit unions and vocational training.

Despite their differences, these programs shared the capacity to adapt to local realities. For example, what began as a center-based effort for former child soldiers in Mozambique evolved into grassroots development. In the Philippines, workers moved away from delivering services to developing human capacities.

In this sense, all the projects reviewed in this study began with preconceptions rather than a shared community vision. Their ultimate effectiveness was the result of shedding the preconceptions and engaging the community. We hope that others can learn from our experiences and start new programs at a more collaborative point.

We wish the world's communities peace and perseverance in helping children heal from war.

Monitoring and Evaluation

Monitoring involves periodic oversight of a program to determine whether efforts and results are proceeding according to plan. Monitoring is done so that program workers can correct deficiencies in a timely fashion.

Evaluation determines the relevance, effectiveness, and impact of activities in the light of specified objectives. It is a tool for improving both current activities and future planning.

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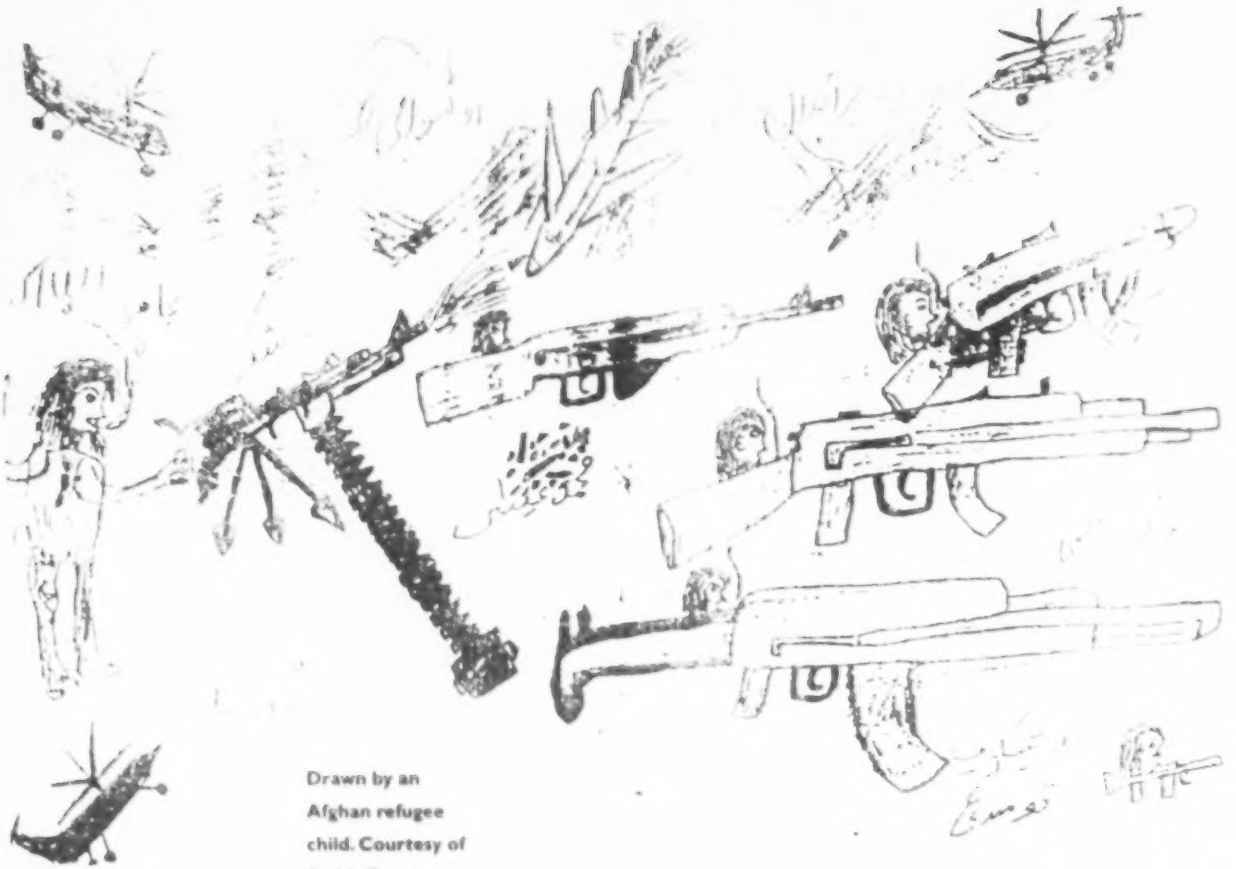

Drawn by an Afghan refugee child. Courtesy of Radda Barnen.

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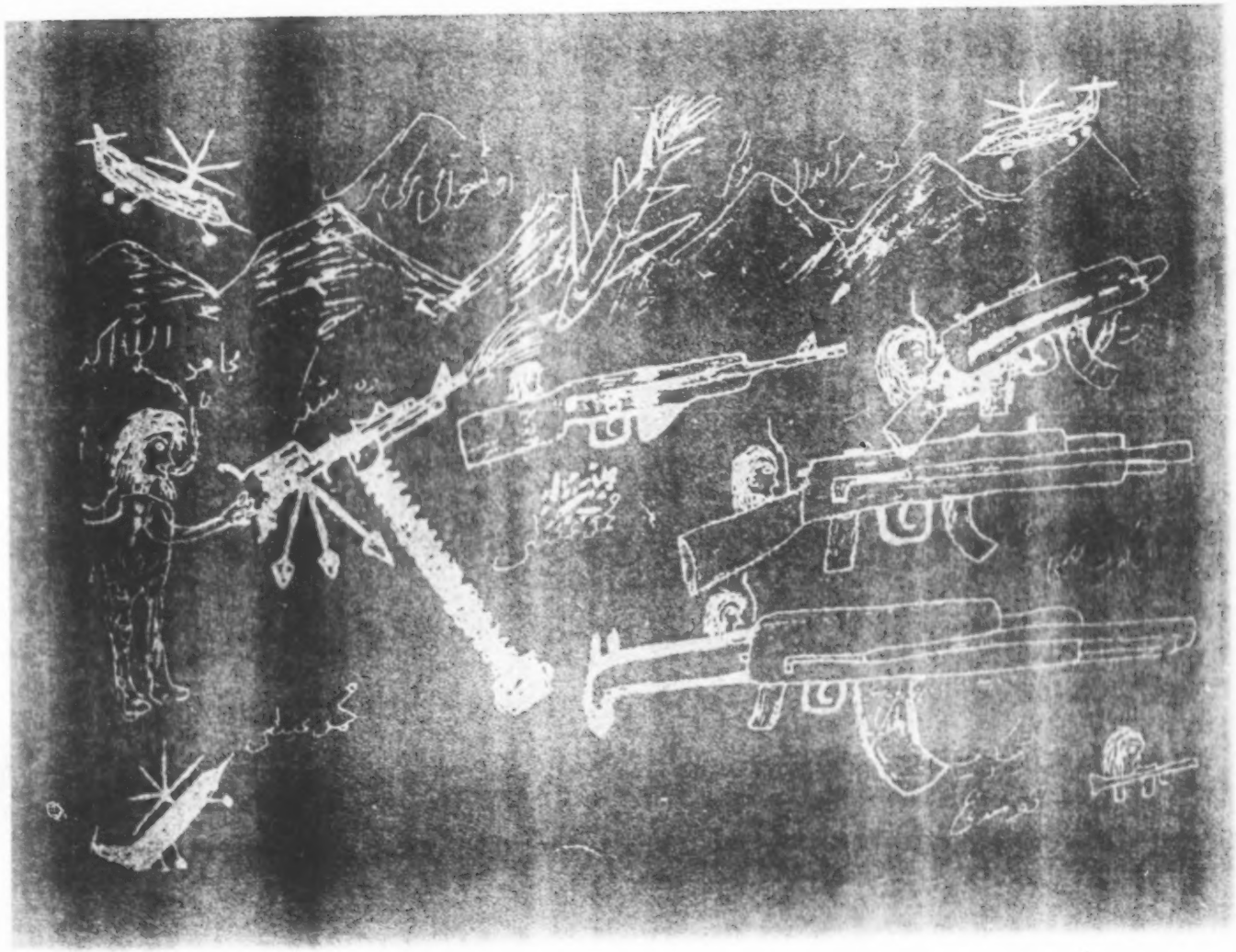

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